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Money Follows the Person (MFP) Supplemental Funding Proposal

The Department of Health Care Services (DHCS) hosted a webinar on December 4, 2020, to present to stakeholders the one-time \$5 million supplemental funding opportunity the Centers for Medicare & Medicaid Services (CMS) has made available to Money Follows the Person (MFP) grantee states for planning and capacity building activities to accelerate Long-Term Services and Supports (LTSS) system transformation design and implementation and to expand Home and Community-Based Services (HCBS)¹ capacity. DHCS outlined its proposal to use the funding to commission a statewide gap analysis study and multi-year roadmap for California's HCBS and Managed Long-Term Services and Supports (MLTSS) programs and provider networks, and requested stakeholder feedback on the proposal as well as specific elements/areas of focus for the gap analysis. DHCS also requested stakeholder feedback as to other potential uses for the one-time funding.

DHCS utilized the feedback from the December stakeholder webinar, as well as written stakeholder feedback, to further develop the Gap Analysis proposal. On February 17, 2021, DHCS will present a detailed outline of the proposal and receive additional feedback from stakeholders to develop the final proposal submitted to CMS. DHCS intends to submit the proposal in March 2021 to CMS for approval.

Gap Analysis and Multi-Year Roadmap²

DHCS heard general consensus in feedback received from providers, both during and after the webinar, that the proposed gap analysis and multi-year roadmap are necessary to facilitate the identification and closing of existing gaps within California's HCBS and MLTSS programs and provider networks. Based upon feedback received from stakeholders, DHCS proposes to address/target the following key principles in the scope of work for the gap analysis:

(Comprehensive information can be found in Attachment A.)

1. Population and provider composition (Attachment A – Page 1)
 - Conduct a robust analysis of the composition of enrollees in the various HCBS/(M)LTSS programs and service delivery systems across the state, to define at a granular level who is receiving which services and where, with the intention of identifying inequities in access to and use of services.

¹ For the purpose of this gap analysis, "HCBS" is comprised of Medicaid's Home and Community-Based Services (HCBS) Waiver programs, including the Home Community-Based Alternatives (HCBA) Waiver, under section 1915(c) of the Social Security Act.

² Resources from the grant will need to be allocated to DHCS for administrative activities including, but not limited to, contract development, planning and implementation, operating and maintaining an invoice tracking payment method and data collection.

- Conduct a statewide comprehensive provider assessment to identify service capacity, ensure providers' ability to provide culturally competent care, and highlight specific regions/locales that require additional access to services.
2. Unmet need (Attachment A – Page 2)
- Assess unmet need for HCBS/(M)LTSS, comparing today's service mix and utilization by county or regional level with the desired core service mix and capacity/access.
 - Building on the Master Plan for Aging (MPA) LTSS subcommittee's recommendations on the minimum core service mix that should be available across the state, define access/capacity standards for these services.
 - Assessing and implementing changes to reimbursement rates and payment methodologies to expand HCBS provider capacity and improve service quality using standardized metrics to measure performance.
3. Coordination of Care (include coordination across social determinants of health i.e. housing/food insecurity/etc.) (Attachment A – Pages 3-4)
- Identify gaps in the intersection between HCBS/LTSS providers and Managed Care Plans (MCP) and identify solutions on the path to the long term goal of program integration. Key areas to include/consider are:
 - Privacy/compliance
 - Data gaps
 - Contracting/Memorandum of Understanding (MOUs)
 - Providing technical guidance to community providers in model/infrastructure development to meet MCP requirements
 - Providing capacity support to providers to expand operations to serve the Enhanced Care Management/In Lieu-Of Services (ILOS) population
 - Identify gaps and opportunities for increased collaboration/partnership with providers addressing other social determinants of health (i.e. housing and food security).
 - Analyze current housing resources available for long-term Skilled Nursing Facility (SNF) residents. Identify housing barriers long-term SNF residents face transitioning to a community-based setting and provide actionable recommendations to alleviate the barriers without disrupting services.
 - Assess pathways for increased coordination with and supports for unpaid caregivers.
 - Evaluation of transition to MLTSS
 - Review CalAIM's plan to shift long-term care, out of Medi-Cal's fee-for-service delivery system and into managed care. CalAIM established an ILOS framework to help create HCBS networks throughout the State. The ILOS framework allows for regions that do not currently have a sufficient infrastructure to provide the full array of services to

build network capacity in a way that meets the unique needs of their residents.

4. Quality measurement and monitoring (Attachment A – Page 5)
 - Examine current capabilities and gaps in California’s approach to quality measurement and monitoring of HCBS/(M)LTSS programs and services to identify opportunities for improvement.
5. Single point entry system (Attachment A – Page 6)
 - Identify the gaps in the intake and enrollment process to help potentially create a streamlined procedure, so eligible clients can find what they need regardless of which provider, program, or system of care they contact first -- whether through the health care system, the public benefits system, the disability service system, including Regional Centers, or the community-based services system.
 - Evaluate the feasibility of a universal baseline assessment to assess base level of need (including nursing facility level of care) to direct beneficiaries to appropriate programs.

Options for use of Remaining Funds

Stakeholders also expressed interest in and provided ideas for the use of any funds remaining after DHCS’ finalization of the contract for the gap analysis and multi-year roadmap.

Stakeholders identified the following initiatives for inclusion in the funding proposal submitted to CMS:

1. Providing additional training and education to caregivers.
2. Provide seed funding for new caregiver resource centers (CRCs) or the expansion of existing CRCs to ensure access to caregiver support services in unserved regions of California.
3. Fund statewide or focused campaigns for provider and direct service worker recruitment; to include education, technical assistance, and quality improvement activities, including training people with disabilities to become direct service workers.

Next Steps

- DHCS will continue to accept written feedback through the California.CommunityTransitions@dhcs.ca.gov email until February 28, 2021.
- Using the additional stakeholder feedback, DHCS will develop and submit the proposal to CMS for approval by March 31, 2021.
- The final submission deadline to CMS for supplemental funding is June 30, 2021.
- If funding is approved, DHCS will accept the allocation and develop the Scope of Work (SOW) in State Fiscal Year (FY) 2021-2022.
- In FY 2021-2022, DHCS will accept bids from contractors to conduct the gap analysis.